

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

HOUSE MEMORIAL 9

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Mimi Stewart

A MEMORIAL

REQUESTING THE DEPARTMENT OF HEALTH TO CREATE A TASK FORCE TO IDENTIFY THE NEED FOR AND BARRIERS TO ACCESS TO MEDICATION- ASSISTED TREATMENT FOR NEW MEXICANS WITH OPIOID ADDICTIONS AND TO DEVELOP A PLAN TO INCREASE THE AVAILABILITY OF THIS TREATMENT STATEWIDE.

WHEREAS, according to a recent report conducted by the federal substance abuse and mental health services administration, an estimated fifty-five thousand New Mexicans need, but are not receiving, treatment for an illicit drug use problem; and

WHEREAS, a national survey on drug use and health demonstrated that between 2004 and 2007, people who were unsuccessful in their attempt to obtain substance abuse treatment cited lack of insurance as the most common reason for

underscoring material = new
[bracketed material] = delete

underscoring material = new
[bracketed material] = delete

1 not receiving treatment; and

2 WHEREAS, according to the department of health, New
3 Mexico's prescription opioid and heroin-related drug overdose
4 rates are significantly higher than the national average; and

5 WHEREAS, numerous scientific studies have demonstrated
6 that medication-assisted treatment using methadone or a
7 combination of buprenorphine and naloxone is the most effective
8 treatment for individuals addicted to heroin and other opioids,
9 including such prescription drugs as hydrocodone, oxycodone,
10 morphine, hydromorphone and fentanyl; and

11 WHEREAS, methadone is a long-acting, synthetic drug that
12 has been successfully used in the maintenance treatment of drug
13 addiction in the United States and other countries for more
14 than four decades; and

15 WHEREAS, in 2002, the food and drug administration
16 approved the combination of buprenorphine and naloxone as an
17 oral medication that can be prescribed for people who are
18 dependent on or addicted to opioids, such as pain medication or
19 heroin; and

20 WHEREAS, any practicing physician can be licensed to
21 prescribe the combination of buprenorphine and naloxone after
22 completion of an eight-hour training course; and

23 WHEREAS, according to the Rand corporation, every one
24 dollar (\$1.00) invested in substance abuse treatment results in
25 a savings to taxpayers of more than seven dollars (\$7.00)

.175669.1

underscored material = new
[bracketed material] = delete

1 through reduced societal costs of crime, violence and loss of
2 productivity; and

3 WHEREAS, according to a report published by the justice
4 policy institute, appropriate substance abuse treatment
5 significantly reduces criminal activity both during and after
6 treatment; and

7 WHEREAS, people dependent on street opioids who receive
8 methadone or the combination of buprenorphine and naloxone
9 treatment live longer, are hospitalized less, are less often
10 infected with human immunodeficiency virus, commit fewer crimes
11 and spend less time in jail; and

12 WHEREAS, access to medication-assisted treatment in New
13 Mexico is mediated by limited funding for indigent patients,
14 limited insurance coverage for substance abuse treatment, a
15 shortage of health care providers in some locations and a lack
16 of transportation; and

17 WHEREAS, expanding access to and the availability of
18 medication-assisted treatment in New Mexico will require
19 coordination of existing resources and long-range planning to
20 overcome barriers to this treatment; and

21 WHEREAS, enhanced access to medication-assisted treatment
22 in New Mexico can improve the public health and safety of New
23 Mexicans and is a critical step to reduce the drug overdose
24 rate in the state;

25 NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF

.175669.1

underscored material = new
[bracketed material] = delete

1 REPRESENTATIVES OF THE STATE OF NEW MEXICO that the department
2 of health be requested to create a task force to identify the
3 need for and barriers to access to medication-assisted
4 treatment for New Mexicans with opioid addictions and to
5 develop a plan to increase the availability of this treatment
6 statewide; and

7 BE IT FURTHER RESOLVED that the task force include
8 representation from the governor's office, the lieutenant
9 governor's office, the department of health, the human services
10 department, the children, youth and families department, the
11 aging and long-term services department, the public education
12 department, the corrections department, county detention
13 facilities, the administrative office of the courts, the
14 behavioral health purchasing collaborative, the single
15 statewide entity for behavioral health services, the New Mexico
16 association of counties, the drug policy alliance, the women's
17 justice project, at least three methadone service providers, at
18 least three providers eligible to prescribe a combination of
19 buprenorphine and naloxone and at least two people currently
20 receiving medication-assisted treatment; and

21 BE IT FURTHER RESOLVED that the task force identify
22 opportunities to increase collaboration among state agencies
23 serving people with opioid addictions and coordinate existing
24 resources to improve access to medication-assisted treatment;
25 and

.175669.1

underscoring material = new
[bracketed material] = delete

1 BE IT FURTHER RESOLVED that the plan to increase access to
2 medication-assisted treatment consider and address ways to
3 provide access to services for people in the community, jail,
4 prison and reentry populations, people who are uninsured or
5 underinsured, people enrolled in drug court or community
6 custody programs, people with co-morbid conditions of mental
7 illness and substance abuse, people needing temporary
8 assistance with medication costs and people in both rural and
9 urban areas of the state; and

10 BE IT FURTHER RESOLVED that the task force identify and
11 prioritize short- and long-term goals, an implementation time
12 line and specific agencies or persons responsible for
13 accomplishing the goals and time line; and

14 BE IT FURTHER RESOLVED that the task force's findings,
15 recommendations and plan be presented to the interim
16 legislative health and human services committee by November 1,
17 2009; and

18 BE IT FURTHER RESOLVED that copies of this memorial be
19 transmitted to the secretary of health and to each of the
20 parties identified to be represented on the task force.